

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

CAROLYN'S PAC

ADDRESS (number and street)

24 East 93rd Street

Suite 1B

☐Check if different
than previously
reported. (ACC)

New York

NY

10128

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00341990

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms Jeanne Waller

Signature of Treasurer

Electronically Filed by Ms Jeanne Waller

Date

04

07

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
CAROLYN'S PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	30356.21
(b) Cash on Hand at Beginning of Reporting Period	30356.21	
(c) Total Receipts (from Line 19)	25225.00	25225.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55581.21	55581.21
7. Total Disbursements (from Line 31)	750.00	750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54831.21	54831.21
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	1500.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

CAROLYN'S PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	20900.00	20900.00
(ii) Unitemized	125.00	125.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21025.00	21025.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	4200.00	4200.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	25225.00	25225.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	25225.00	25225.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25225.00	25225.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	750.00	750.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	750.00	750.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	750.00	750.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	25225.00	25225.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25225.00	25225.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CAROLYN'S PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Russell Abrams

Mailing Address 450 West 70th Street

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fund Manager

Occupation

Titan Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.4299

Amount of Each Receipt this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ralph Andrew

Mailing Address 310 East 14th Street
c/o NYEEI

City

New York

State

NY

Zip Code

10003

FEC ID number of contributing
federal political committee.

C

Name of Employer
NY Eye & Ear Institute

Occupation

Director Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4293

Amount of Each Receipt this Period

600.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ms Agnes Gund

Mailing Address 765 Park Avenue
14B

City

New York

State

NY

Zip Code

18918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Art Historian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.4301

Amount of Each Receipt this Period

3000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

8600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAROLYN'S PAC

A.

Full Name (Last, First, Middle Initial)

Ms Annemarie Levitt

Mailing Address 10 East 82nd Street

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
C.S. Kansas City Corp.

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.4295

Amount of Each Receipt this Period

1500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. John F McQuillan, Jr.

Mailing Address 254 Commonwealth Ave
Apt 4

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Triumvirate Environmental

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4297

Amount of Each Receipt this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ms Robin Lhemers Neustein

Mailing Address 101 Central Park West
#6E

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.4289

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CAROLYN'S PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Peter K Tully

Mailing Address 127-50 Northern Blvd

City

Flushing

State

NY

Zip Code

11368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tully ConstructionOccupation
CEO

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	0

Transaction ID: SA11AI.4291

Amount of Each Receipt this Period

4800.00

Contribution

SUBTOTAL of Receipts This Page (optional)

4800.00

TOTAL This Period (last page this line number only)

20900.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 11

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CAROLYN'S PAC

A.

Full Name (Last, First, Middle Initial)

HILLARY CLINTON FOR PRESIDENT

Mailing Address PO Box 101436

City

Arlington

State

VA

Zip Code

22210

FEC ID number of contributing
federal political committee.**C**

C00431569

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	1	0

Transaction ID: SA11C.4270

Amount of Each Receipt this Period

2200.00

Excessive Refund-2008 Pri-
mary**B.**

Full Name (Last, First, Middle Initial)

National Association of Realtors Political Action Committee

Mailing Address 430 N. Michigan Avenue

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.**C**

C00030718

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	0

Transaction ID: SA11C.4304

Amount of Each Receipt this Period

2000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

4200.00

TOTAL This Period (last page this line number only)

4200.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

A.

Full Name (Last, First, Middle Initial)
Friends of Catherine Nolan

Mailing Address POBox 640698

City State Zip Code
Oakland Gardens NY 11364

Purpose of Disbursement
Contribution

Candidate Name
Friends of Catherine Nolan

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB29.4283

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)
People for Bing

Mailing Address 120 Broadway #3300
c/o Darrison Barrett

City State Zip Code
New York NY

Purpose of Disbursement
Contribution

Candidate Name
People for Bing

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB29.4280

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

750.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 / 11

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10NAME OF COMMITTEE (In Full)
CAROLYN'S PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
HILLARY CLINTON FOR PRESIDENTNature of Debt (Purpose):
Excess Contribution to be
Refunded

Mailing Address PO Box 101436

City State ZIP Code
Arlington VA 22210

Outstanding Balance Beginning This Period

2700.00

Transaction ID: SD9.4141

Amount Incurred This Period

0.00

Payment This Period

2200.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
HILLARY CLINTON FOR PRESIDENTNature of Debt (Purpose):
Excess Contribution to be
refunded

Mailing Address PO Box 101436

City State ZIP Code
Arlington VA 22210

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD9.4140

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional).....

1500.00

2) **TOTALS** This Period (last page this line number only).....

1500.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

1500.00